## **NEVADA FINANCIAL DISCLOSURE STATEMENT**

(Attach additional sheets if necessary.)



DEAN HELLER SECRETARY OF STATE

|   |                 |                                       |                                     | SECH  | EIAKT      | OF STATE             |
|---|-----------------|---------------------------------------|-------------------------------------|---|------------|----------------------|
| VAME DETAN STUBBS   | LENC            | TH OF RESIDENC                        | E IN NEWADA                         | 44 y  | 14747      | 25                   |
| WAILING ADDRESS 1090 57# 57                                 |                 | TH OF RESIDENC                        |                                     |   |            |                      |
| CITY, STATE, ZIP ELY NV 873                                 |                 | 38 YR                                 | 5.                                  |   |            |                      |
| TELEPHONE 775-289- 2125-                                    | <del></del>     | •                                     | NRS 281.571(1)                      | (a)   |            |                      |
|   |                 |                                       |                                     |   |            |                      |
| •   |                 |                                       |                                     |   |            |                      |
| List all public offices for which this financial disclosure | statement is re | equired [NRS 281                      |                                     |   |            |                      |
|   |                 |                                       | ANNUAL all elected and              | (no later than                                |            | NTMENT<br>pired term |
|   |                 |                                       | appointed public                    | the 10 <sup>th</sup> day                      | of an e    | lected or            |
|   |                 |                                       | officers                            | after the last day to qualify as a            |            | ed public<br>icer    |
|   |                 | (                                     | no later than Jan. 15<br>each year) | candidate)                                    |            | 30 days)             |
| Public Office   | Annual          | Term or                               | NRS<br>281.559(1)(b)                | NRS<br>281.561(1)(a)                          |            | IRS<br>59(1)(a)      |
| · · ·   | Compensation    | Date Appointed                        | 281.561(1)(b)                       |   |            |                      |
| HOSPITHL BOHRD  | \$ 960-         | 12/28/04                              | <b>/</b> JXA                        | L   | Ł          |                      |
|   | \$              |                                       | ĺΠ                                  |   | ſ          | 7                    |
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| <del></del>   | \$              |                                       |                                     | Ш   | ì          |                      |
|   |                 |                                       |                                     |   |            |                      |
|   |                 |                                       |                                     |   |            |                      |
| List all general sources of income for you and membe        | ers of your hou | sehold over 18                        | years of age [N                     | IRS 281.571,                                  | Subsecti   | on 1(b)]:            |
|   |                 |                                       |                                     |   | Self       | Household            |
| RETIREMENT From PER   | C               |                                       |                                     |   |            | Member               |
| KETIEFMENY FROM PER   |                 | · · · · · · · · · · · · · · · · · · · |                                     | · · · · · ·                                   | 区          |                      |
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| INUESTMENTS - AM. E   | XPress          |                                       |                                     |   | Ø          | Ø                    |
| Mt. Wheler Power Bd   | · et 7          | nector                                | • •                                 |   | 図          | ĺП                   |
| <i>///L!, Wild G = 1, G &amp; G = 1, C G</i>                | · • · · ·       | 11001012                              |                                     |   | <b>E</b> 3 |                      |
|   |                 |                                       |                                     |   |            |                      |
|   |                 |                                       |                                     |   | ^          |                      |
| List each creditor to whom you or a member of your          | household ow    | es \$5,000 or me                      | ore (except (1)                     | debt secur                                    | ed by n    | nortgage             |
| or deed of trust on real property which is not required     |                 |                                       |                                     |   |            |                      |
| vehicle for personal use was retained by seller] [NRS:      |                 |                                       |                                     | •   |            |                      |
|   |                 |                                       |                                     |   | Self       | Household            |
| 4/  |                 |                                       |                                     |   |            | Member               |
| NONE  | <del> </del>    |                                       | - <del>.</del>                      |   |            |                      |
|   |                 |                                       |                                     |   |            | П                    |
|   | <del> </del>    |                                       |                                     | •   | ]          |                      |
|   |                 |                                       | <del>.</del>                        |   |            | Ш                    |
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|   |                 |                                       |                                     |   |            |                      |
|   |                 |                                       |                                     |   | , ,        | 1 1                  |

| List each business entity (i.e., organization or enterprise operated for econorism, business, trust joint venture, syndicate, corporation or association) with nvolved as a trustee, beneficiary of a trust, director, officer, owner in whole a class of stock or security representing 1% or more of the total outstanding INRS 281.571, Subsection 1(f)]: | th which you or a member of your to or in part, limited or general partner    | household is<br>, or holder of |
|--|---|--------------------------------|
|  | S   | Self Household<br>Member       |
| NONE   |   |                                |
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|  |   |                                |
| List specific location and particular use of all real estate (other than person your household has a legal or beneficial interest; (2) the fair market value of state or an adjacent state [NRS 281.571, Subsection 1(c)]:  Specific Location  |   |                                |
| List the identity of donor and value of each gift received in excess of an during the preceding taxable year [except (1) a gift received from a person consanguinity or affinity; and (2) ceremonial gifts received for a birthday, occasion if the donor does not have a substantial interest in your legislativ [NRS 281.571, Subsection 1(e)]:            | on who is related to you within the t<br>wedding, anniversary, holiday or oth | hird degree of                 |
| Nonor Donor  | ,   | /alue of Gift                  |
| /IU/LE   | <u> </u>  |                                |
|  | <u> </u>  | · <del></del>                  |
|  | \$  |                                |
| THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND  Date: 12/25/04 Signature: Locar C  | •   |                                |
| Date: / CS / CY Signature: WOSA C  | .v Second   | <u> </u>                       |

Revised 8/28/2003